PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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U.S. Patent and U.S. DEPARTMENT O

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/617,915			ing Date 10/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							own surry M				HER THAN	
⊢	FOR		(Column 1) NUMBER FILED		NUMBER EXTRA		SMALL ENTITY  RATE (\$) FEE (\$)		OR	RATE (\$)	FEE (\$)	
М	BASIC FEE	-   "		.ED NO			<u> </u>				FEE (8)	
	(37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	375	ı	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A		ı	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A		ı	N/A		
TO (37	CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	375	ı	TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	04/30/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(1))	• 23	Minus	53	= 0	l	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2	Minus	···5	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
۸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1801)		Minus	**		i	x \$ =		OR	x s =		
Ž	Independent (37 CFR 1.16(h))	*	Minus	***	-	1	x \$ =		OR	x \$ =		
Z I	Application S	ize Fee (37 CFR 1	.16(s))						1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bestelf by the public which his lost life (and by the USFTO to monoceas) an application. Confidentiality is ownered by 80 Sec. 22 and 37 CER 1.14. This collection is estimated in table 22 annuates to complete, according platening, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Platents, P.O. Box 1450, Makeardria, VA 2213-1450.